ADVISORY NOTICE REGARDING COMPLAINTS

The Idaho Board of Veterinary Medicine enforces the provisions of the Idaho Veterinary Practice Act and its Administrative Rules by regulating the practice of veterinary medicine through licensure and regulation of veterinarians and certified veterinary technicians in the State of Idaho. A person who believes that a veterinarian/certified veterinary technician/individual has violated the standards of the Veterinary Practice Act or the Administrative Rules can file a written complaint with the Idaho Board of Veterinary Medicine. Please be advised of the following:

- A complaint must be filed within one (1) year after the occurrence of any alleged unlawful or unethical conduct. If the alleged unlawful or unethical conduct is of a continuing nature, the date of the occurrence of said conduct shall be deemed to be any date subsequent to the commencement of the unlawful or unethical conduct up to and including the date on which the complaint shall have been filed.
- If you have a complaint against a veterinarian/certified veterinary technician, you must fill out the complaint form. Please include any supportive documents you may have, including your veterinary records. All complaints must be signed. The Board will not review unsigned complaints, verbal complaints, or complaints filed anonymously.
- The act of filing a complaint does not assure that disciplinary action will be taken against the licensee.
- The role of the Board is to determine what is necessary for animal and public protection, and is not to advocate on behalf of an individual complainant.
- Filing a complaint with the Idaho Board of Veterinary Medicine does not preclude you from filing a
 separate legal action. If you believe your complaint may constitute a criminal violation, please
 contact your local law enforcement agency regarding the procedure to file a criminal complaint. If
 you wish to pursue civil remedies, please contact a private attorney for guidance.
- The Board of Veterinary Medicine's jurisdiction is limited. The Board does not review fee disputes or monetary issues between a client and a veterinarian, personality conflicts, or concerns with insurance carriers.
- If your complaint falls within the Board of Veterinary's jurisdiction, a copy of your complaint will be
 provided to the veterinarian/certified veterinary technician/individual you are complaining against in
 order to allow them the opportunity to provide a written response to your complaint and, if
 necessary, copies of your applicable veterinary records
- If your complaint requires further investigation it will be provided to a Board of Veterinary Medicine investigator for further inquiry. The Board of Veterinary Medicine investigator may contact you, the veterinarian/certified veterinary technician/individual you complained against and any follow-up practitioners that you identified in your complaint.
- If your complaint does not require further investigation or when the additional investigation is completed, all available information will be provided to the Board of Veterinary Medicine for review.
- The members of the Board of Veterinary Medicine review complaints and make disciplinary decisions at their quarterly meetings. Because the Board of Veterinary Medicine's complaint process is detailed and carefully conducted, the process make take some time to complete.

COMPLAINT FORM

CLAIMANT INFORMATION:		
Full Name (First, Middle, Last):		
Street Address:		
City:	State:	Zip:
Phone:		
The Subject of the Complaint is a:		
☐ Veterinarian	☐ Certified Veterinary	Technician Other
Name:		
Street Address:		
Street Address:		
City:	State:	Zip:
Phone:		
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Harris and the #Advisory Netice Deposition	0	
Have you read the "Advisory Notice Regarding you review this information. This notice provide	-	
Board of Veterinary Medicine's legal authority,	_	•
		☐ Yes ☐ No
What action are you requesting of the Idaho Bo	ard of Veterinary Medic	ine?
		

EXPLANATION OF COMPLAINT (USE ADDITIONAL PAGES AS NECESSARY):

Please provide a detailed, chronological summary of your complaint, including dates. List all names are telephone numbers of witnesses, including other professionals. If you have retained an attorney, please provide their contact information. If available, please enclose copies of any dental records, police reports and/or correspondence, or other records you feel will be helpful in the explanation of your complaint.	
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By signing this complaint form, I attest that all information provided is true and correct to the best my knowledge, and do affirm that this complaint is filed in good faith. I authorize the Idaho Board of Veterinary Medicine to provide a copy of this document to the individual(s) named in this complain	of
Ourser Signatures	